24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Every Voice Action	C C00566208
	G 500300200
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Associated Press	09 08 2014
Mailing Address 450 W 33rd St	Amount
City State Zip Code	6300.00
New York NY 10001-2603	Transaction ID : VN7BA9VA9R8
Purpose of Expenditure	Date of Disbursement or Obligation
Photos for Advertising Category/ Type O04	09 05 2014
Name of Federal Candidate Support Office	e Sought: House District:
Mitch McConnell	President State: KY Senate
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Every Voice	09 08 2014
Mailing Address 1133 19th St NW	
FI 9	Amount
City State Zip Code	400.00
Washington DC 20036-3612	Transaction ID: VN7BA9VBF82 Date of Disbursement or Obligation
Purpose of Expenditure Social Media Advertisement Costs Category/ Type 004	09 08 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Mitch McConnell Oppose	President State: KY
2014	ursement For: Primary X General
Per Election for Office Sought	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	6700.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
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Signature	